

**CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (5-99)**

1. CIR./DIST./DIV. CODE CAN	2. PERSON REPRESENTED <b>MORA-ARCIGA, ELEAZAR</b>			VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER <b>CR-07-00645-MMC</b>	5. APPEALS. DKT./DEF. NUMBER	6. OTHER DKT NUMBER		
7. IN CASE/MATTER OF (Case Name) <b>UNITED STATES v. WILLIAMS, ET AL.</b>	8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other... <input type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Other... <input type="checkbox"/> Appellant	10. REPRESENTATION TYPE (See Instructions) <b>CC</b>		
11. OFFENSE(S) CHARGED (Cite U. S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense <b>21:846, 841(B)(1)(A)(I) AND 18:2; 841(A)(1) AND (B)(1)(C); 841(B)(1)(B)(I); 21:853</b>					
12. ATTORNEY'S NAME (First Name, M. I., Last Name, including any suffix), AND MAILING ADDRESS <b>RANDALL G. KNOX 870 MARKET ST., STE. 1152 SAN FRANCISCO, CA 94102</b>					
Telephone Number <b>415-765-7500</b>					
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions.) <b>FILED</b> <b>NOV 7 2007</b>					
15. <b>RICHARD W. WIEKING</b>					
<b>CLAIM FOR SERVICES AND EXPENSES</b> NORTHERN DISTRICT OF CALIFORNIA					
CATEGORIES (attached itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	FOR COURT USE ONLY	
In Court	a. Arraignment And/or Plea				
	b. Bail And Detention Hearings				
	c. Motion Hearings				
	d. Trial				
	e. Sentencing Hearings				
	f. Revocation Hearings				
	g. Appeals Court				
	h. Other (Specify On Additional Sheets)				
(RATE PER HOUR = ) TOTALS:					
Out Of Court	a. Interview and conferences				
	b. Obtaining and reviewing records				
	c. Legal research and brief writing				
	d. Travel time				
	e. Investigative and other work (Specify on additional sheets)				
	(RATE PER HOUR = ) TOTALS:				
	17. Travel Expenses (Lodging, parking, meals, mileage, etc.)				
	18. Other Expenses (other than expert, transcripts, etc.)				
<b>GRAND TOTALS (CLAIMED AND ADJUSTED):</b>					
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: _____ TO: _____			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION	21. CASE DISPOSITION	
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements.					
Signature Of Attorney _____ Date _____					
<b>APPROVED FOR PAYMENT - COURT USE ONLY</b>					
23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOT. AMT. APPR/CERT.	
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	28A. JUDGE/MAG CODE	
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED	
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34A. JUDGE CODE	